Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDENTIFICATION NUM		(XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER	: A. BLDG: <u>00</u>		(X3) DATE SURVEY COMPLETED:				
	VIDER OR SUPPLIER: HEALTH NORWIN MEDIO	390145 CAL COMMONS	B. WING: 06/21/2023 STREET ADDRESS, CITY, STATE, ZIP CODE: 8775 NORWIN AVENUE NORTH HUNTINGDON, PA 15642						
STATE LICENSE NUMBER: 01171501									
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE				
S 0000	This report is the result of an unannounced special monitoring survey conducted on June 21, 2023, at Excela Health Norwin Commons. It was determine that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Car Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.		2023, at etermined in the ment of atory Care parts A	S 0000					
S 0015				S 0015					
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	NATURE		TITLE:	(X6) DATE:			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
				06/21/2023	i		
EXCELA 1	OVIDER OR SUPPLIER: HEALTH NORWIN MEDI SE NUMBER: 01171501	CAL COMMONS	STREET ADDRESS 8775 NORWI NORTH HUN	N AVENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE	
S 0015	Continued from page 1			S 0015			
	Continued from page 1 51.4 (a) Change in Ownership/Management 51.4. Change in ownership; change in management. (a) A health care facility shall notify the Department in writing at least 30 days prior to transfer involving 5% or more stock or equity of the health care facility. This REGULATION is not met as evidenced by:		nent in		On 6/26/23, the Chief Quality and Regulatory and Accredit Quality Analysts reviewed a revised the draft policy for Regulatory Notification Requirements to include all elements outlined in the Department's regulations at 2 Code Chapter 51. On 7/25/2 Chief Quality Officer will ed facility Leadership Team on policy at the Operations Gromeeting. This will be evidenthe line item on the agenda a roster of those in attendance Additionally, the Chief Qual Officer will educate the Administrator of Excela Heat Norwin Medical Commons of policy during a one on one reduring the week of 7/24/23. signed attestation form will to depict that the policy revious courred. In an effort to enscompliance with the thirty and an one of Acute and Ambu Care Licensed Facilities Not Guidance and per the Depart	tation and of the 28 Pa. 2023, the ducate the the new oup nce by and . lity alth on the eview A be used ew oure and sixty d in the alatory diffication	Completion Date: 07/28/2023 Status: APPROVED Date: 07/03/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
390145		390145		A. BLDG: B. WING:		06/21/2023	
EXCELA I	VIDER OR SUPPLIER: HEALTH NORWIN MEDIO E NUMBER: 01171501	CAL COMMONS	STREET ADDRESS, 8775 NORWIN NORTH HUN	N AVENUE			
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S 0015	G IDENTIFYING INFORMATION)			S 0015	regulations at 28 Pa. Code C 51, for the months of August September, and October, the Quality Officer will audit an scheduled events that require notification to ensure that the notifications have been made the timeframes outlined in C 51. 100% compliance is expreport out of the audit finding be shared at the November P Safety Committee by the Ch Quality Officer or designee. ensure ongoing compliance, tracking board has been instate the Chief Quality Officer's of monitor the status of any everequires notification. The traboard includes the site, description of the event, and the date the notifications are due and sen	t, c Chief y e e e e within chapter pected. A gs will catient ief To a alled in office to ent that acking ription	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390145		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 06/21/2023			
NAME OF PROVIDER OR SUPPLIER: EXCELA HEALTH NORWIN MEDICAL COMMONS STATE LICENSE NUMBER: 01171501			8775 NORWI	STREET ADDRESS, CITY, STATE, ZIP CODE: 8775 NORWIN AVENUE NORTH HUNTINGDON, PA 15642					
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE			
S 0015	Continued from page 3 Based on an interview with facility staff (EMF was determined that the facility failed to notify Department in writing at least 30 days prior to transfer involving 5% or more of the stock or of the health care facility. Findings include: On June 20, 2023, at 5:04pm, EMP1 confirme only policy regarding notification of change o ownership is a draft and there is no official pothis time. On June 15, 2023, the Department became aw that on January 1, 2023, there was a change in ownership of this health care facility that becateffective by the creation of a new great-grandy company called EB Health Partners. Further investigation by the Department revealed that health care facility failed to notify the Department days prior to the change of ownership. Further		entify the ratio a correction or equity the ratio a correction or equity the entire entire entire ratio and entire	S 0015					

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S 0015	investigation revealed a fictitious name was filed for EB Health Partners effective May 25, 2023, under the name Independence Health System. On June 20, 2023, at 5:04pm, EMP1 confirmed they were advised and sent the change of ownership documentation for the hospitals within the health system, which included mention of the ambulatory surgery facilities. Individual change of ownership documentation for this health facility was not submitted.		S 0015				

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Certified End Page

EXCELA HEALTH NORWIN MEDICAL COMMONS

STATE LICENSE NUMBER: 01171501 SURVEY EXIT DATE: 06/21/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY